LOBBYIST REGISTRATION FORM

Please print or type

If registering to lobby only public servants of state government* file with:
Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Toll Free (800) 422-7773

*Lobbyists who lobby public servants of (i) municipal government, (ii) county government, (iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann. § 21-8-602 to determine where to make their filings.

		Registration for		2010 (year)					
		\Box Check if this is an an	nend	,					
	Entity to be Lobbied Check each applicable box								
•	/	Members of the General Assembly	J	Public Servant	s of State Government				
		Public Servants of County Government		N	1 O 1				
		Public Servants of Municipal Government		Name	e of County				
Г	Name of Muni Public Servants of Other Governmental Body		' '						
L		(e.g., School District, Improvement District)			overnmental Body				
		Type of Regiction Check only of Individual Lobbyist individual lobbyist or firm Ricky Cross 101 N. 13th Room 100	ne box	Firm					
City Fort Smith Sta			Zi	p 72901	Phone (479) 785-6610				
If re	giste	ering as a firm, list the name of a contact person	:						
If re	giste	ering as a firm, list the name of each person who	is au	uthorized to lobby	for the firm:				
Print	Nar	NameSignature_on_file		re <u>on file</u>					
Print	Nar	meSig	Signature_on_file						
Print	Nar	meSi	Signature on file						
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Print	Print Name		Signature on file						
Print Name		Signature on file							
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Client/Employer

List each client or employer for whom you lobby All information must be complete

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity
AT&T Inc. & Affiliates	101 N. 13th Room 100 Fort Smith, AR 72901 USA	(479) 785-6610	Telecommunications

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

on file			
Signature of Individual Lobbyist/Contact Person for Fi			
Date			